Image# 12971697571 PAGE 1 / 38

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | | | | | | | | | Office | Use Only | |
|-----|-----------------------------|--------------------------------------|---------------------------|-----------------------------|----------------------|-------------------------------|----------------------|------------|----------------|-------------------|---|
| 1. | NAME OF COMMITTEE (in | | YPE OR F | PRINT ▼ | | mple: If typi r the lines. | ng, type | 12FE4 | 1M5 | | |
| Α | mericas Heal | th Insurar | nce Pla | ns PAC | (AHIP PA | C) | | | | | 1 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ΑD | DRESS (number an | d street) | 601 Penr | sylvania Ave | nue, NW | | | | | | |
| _ | Check if diffe | arent | South Bu | ilding, Suite 5 | 500 | | | | | | |
| L | than previou reported. (A | sly | Washing | ton | | | | DC | 200 | 04 | - |
| 2. | FEC IDENTIFIC | ATION NUM | /BER ▼ | | CITY 🛦 | | S | STATE A | | ZIP CO | DE 🛦 |
| | C C0010674 | 0 | | | 3. IS THIS REPORT | | NEW (N) OR | | AMENDEI (A) | D | |
| 4. | TYPE OF REF (Choose One) | PORT | (b) Mon | ort | Feb 20 (M2) | | May 20 (M5) | | Aug 20 (M8) | | Nov 20 (M11) (Non-Election Year Only) |
| | (a) Quarterly Reports: | | Due On: uarterly Reports: | | | | Jun 20 (M6) | | Sep 20 (M9) | | Dec 20 (M12) (Non-Election Year Only) |
| | April 15 | | | | Apr 20 (M4) | × | Jul 20 (M7) | | Oct 20 (M10 |)) | Jan 31 (YE) |
| | Quarterl | y Report (Q1) | (c) | 12-Day | П | Primary (12F | P) | Gen | eral (12G) | П | Runoff (12R) |
| | July 15 Quarterly | y Report (Q2) |) | PRE-Electio Report for t | | Convention (| (12C) | Sne | cial (12S) | | |
| | October Quarterl | 15 y Report (Q3) | eport (Q3) | | | | | o.a. (120) | | | |
| | January Year-End | 31 d Report (YE) |) | E | Election on | M M / | D D / | Y Y Y | Y | in the State o | of |
| | | Mid-Year Non-election ly) (MY) | (d) | 30-Day POST-Electi | | General (300 | G) | Run | off (30R) | | Special (30S) |
| | Terminat (TER) | tion Report | | Report for t | ne: | M - M / | D D / | Y = Y = Y | Y | in the | |
| | (ILII) | | | E | Election on | | | | | State o | f |
| 5. | Covering Period | M M 06 | 01 | | 012 | through | M M M | 30 | | 012 | |
| Lce | ertify that I have ex | xamined this | Report a | nd to the be | est of my kno | wledge and | belief it is true | e. correc | t and comp | lete. | |
| | pe or Print Name o | | Charles | | | | | | | | |
| | | | | | | | | - | M M / E | D / | Y Y Y Y |
| Sig | nature of Treasure | r <i>Charles</i> | W. Stellar | | | [Electronicall | y Filed] D | ate | | 9 | 2012 |
| NO | TE: Submission of t | false, erroneo | us, or inco | omplete infor | mation may su | bject the per | son signing th | is Report | to the pena | Ities of 2 l | J.S.C. §437g. |
| | Office | | | | | | | | FE | C FOR | M 3X |
| | Use Only | | | | | | | | - | Rev. 12/2 | |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 06 01 2012 To: 06 30 2012

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6. | (a) Cash on Hand January 1, 2012 | | 48849.69 |
| | (b) Cash on Hand at Beginning of Reporting Period | 17217.75 | |
| | (c) Total Receipts (from Line 19) | 15930.68 | 98009.32 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 33148.43 | 146859.01 |
| 7. | Total Disbursements (from Line 31) | 17586.88 | 131297.46 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 15561.55 | 15561.55 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

| I. Receipts COLUMN A CO Total This Period Calenda | | | | | | | |
|--|----------|----------|--|--|--|--|--|
| Contributions (other than loans) From: | 1 | | | | | | |
| (a) Individuals/Persons Other | | | | | | | |
| Than Political Committees | | 40000 70 | | | | | |
| (i) Itemized (use Schedule A) | 10423.81 | 49263.72 | | | | | |
| (ii) Unitemized | 506.87 | 6745.40 | | | | | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)▶ | 10930.68 | 56009.12 | | | | | |
| (b) Political Porty Committees | 0.00 | 0.00 | | | | | |
| (b) Political Party Committees | 3.00 | | | | | | |
| (c) Other Political Committees | 5000.00 | 40000.00 | | | | | |
| (such as PACs) | 7 | 45000.00 | | | | | |
| (d) Total Contributions (add Lines | | | | | | | |
| 11(a)(iii), (b), and (c)) (Carry | 15020.69 | 96009.12 | | | | | |
| Totals to Line 33, page 5)▶ | 15930.68 | 50009.12 | | | | | |
| . Transfers From Affiliated/Other | | | | | | | |
| Party Committees | 0.00 | 0.00 | | | | | |
| | 0.00 | 2.22 | | | | | |
| . All Loans Received | 0.00 | 0.00 | | | | | |
| | | | | | | | |
| . Loan Repayments Received | 0.00 | 0.00 | | | | | |
| . Offsets To Operating Expenditures | 7 | 7 | | | | | |
| (Refunds, Rebates, etc.) | | | | | | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 | | | | | |
| . Refunds of Contributions Made | 7 | | | | | | |
| to Federal Candidates and Other | | | | | | | |
| Political Committees | 0.00 | 2000.00 | | | | | |
| Other Federal Receipts | 7 | 7 | | | | | |
| (Dividends, Interest, etc.) | 0.00 | 0.20 | | | | | |
| Transfers from Non-Federal and Levin Funds | 0.00 | 0.20 | | | | | |
| (a) Non-Federal Account | | | | | | | |
| (from Schedule H3) | 0.00 | 0.00 | | | | | |
| (IIOIII Oolleddie 110) | 0.00 | 0.00 | | | | | |
| () 1 · 5 · 1 (6 · · · · · · · · · · · · · · · · · · | 0.00 | 0.00 | | | | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 | | | | | |
| (a) Total Transfers (add 10/-) 140/b) | 0.00 | | | | | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 | | | | | |
| | | | | | | | |
| . Total Receipts (add Lines 11(d), | | | | | | | |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 15930.68 | 98009.32 | | | | | |
| . Total Federal Receipts | | | | | | | |
| (subtract Line 18(c) from Line 19)▶ | 15930.68 | 98009.32 | | | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | Total This Period | | | | |
|-----|--|-------------------|-----------------------|--|--|--|
| 21. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Calendar Year-to-Date | | | |
| | (i) Federal Share | 0.00 | 0.00 | | | |
| | (ii) Non-Federal Share | 0.00 | 0.00 | | | |
| | (b) Other Federal Operating | | | | | |
| | Expenditures | 136.88 | 847.46 | | | |
| | (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 136.88 | 847.46 | | | |
| 2. | Transfers to Affiliated/Other Party | 7 | | | | |
| 0 | Committees | 0.00 | 0.00 | | | |
| ٥. | Contributions to Federal Candidates/Committees and Other Political Committees | 18500.00 | 131500.00 | | | |
| 4. | Independent Expenditures | 0.00 | 0.00 | | | |
| 5. | (use Schedule E) Coordinated Party Expenditures | 0.00 | 0.00 | | | |
| | (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | | |
| | | 200 | | | | |
| 6. | Loan Repayments Made | 0.00 | 0.00 | | | |
| 7. | Loans Made | 0.00 | 0.00 | | | |
| 8. | Refunds of Contributions To: (a) Individuals/Persons Other | | | | | |
| | Than Political Committees | 0.00 | 0.00 | | | |
| | (b) Political Party Committees | 0.00 | 0.00 | | | |
| | (c) Other Political Committees | | | | | |
| | (such as PACs) | 0.00 | 0.00 | | | |
| | (d) Total Contribution Refunds | | | | | |
| | (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 | | | |
| 9. | Other Disbursements | -1050.00 | -1050.00 | | | |
| | | 7 | | | | |
| 0. | Federal Election Activity (2 U.S.C. §431(20)) | | | | | |
| | (a) Allocated Federal Election Activity (from Schedule H6) | | | | | |
| | (i) Federal Share | 0.00 | 0.00 | | | |
| | (ii) "Lovin" Sharo | 0.00 | 0.00 | | | |
| | (ii) "Levin" Share(b) Federal Election Activity Paid Entirely | 0.00 | | | | |
| | With Federal Funds | 0.00 | 0.00 | | | |
| | (c) Total Federal Election Activity (add | 0.00 | 0.00 | | | |
| | Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 | | | |
| 1. | Total Disbursements (add Lines 21(c), 22, | | | | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 17586.88 | 131297.46 | | | |
| 2. | Total Federal Disbursements | | | | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | 17500.00 | 101027.10 | | | |
| | from Line 31) | 17586.88 | 131297.46 | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | |
|---|-------------------------------|-----------------------------------|--|--|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 15930.68 | 96009.12 | | |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 15930.68 | 96009.12 | | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 136.88 | 847.46 | | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | | |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 136.88 | 847.46 | | |

Use separate schedule(s) for each category of the Detailed Summary Page

| ı | FOF | LINE | NU | MRFK | : | PAGE | - | 6 | OF | 38 |
|------------------|-----|------|----|------|---|------|---|----|----|----|
| (check only one) | | | | | | | | | | |
| | X | 11a | | 11b | | 11c | | 12 | 2 | |
| l | | 13 | | 14 | | 15 | | 16 | 6 | 17 |

| Any information copied from such Reports and Sta or for commercial purposes, other than using the | atements may not be sold or used by any personame and address of any political committee to | |
|--|---|---|
| NAME OF COMMITTEE (In Full) | | |
| Americas Health Insurance Plan | s PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Jeremy Allen | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building | | 06 29 _ 2012 _ |
| City | State Zip Code | Transaction ID : 2012070595244-2 |
| Washington | DC 20004 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 41.67 |
| Name of Employer | Occupation | |
| Americas Health Insurance Plans | VP, Federal Affairs | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 208.35 | |
| Full Name (Last, First, Middle Initial) 3. Dianne Bricker | Date of Receipt | |
| Mailing Address 601 Pennsylvania Avenue N.W. | M = M / D = D / Y = Y = Y | |
| Suite 500, South Building City | State Zip Code | 06 15 2012 Transportion ID : 20120614101059 4 |
| Washington | DC 20004 | Transaction ID : 20120614101058-4 Amount of Each Receipt this Period |
| | 1 2000 | Amount of Lacif Heceipt tills Fellod |
| FEC ID number of contributing federal political committee. | C | 41.67 |
| Name of Employer | Occupation | |
| America's Health Insurance Plans | Regional Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.04 | |
| Full Name (Last, First, Middle Initial) C. Dianne Bricker | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue N.W | | M M / D D / Y Y Y Y |
| Suite 500, South Building | | 06 29 2012 |
| City | State Zip Code | Transaction ID: 2012070595244-4 |
| Washington | DC 20004 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 41.67 |
| Name of Employer | Occupation | |
| America's Health Insurance Plans | Regional Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 500.04 | |
| SUBTOTAL of Receipts This Page (optional) | | 125.01 |
| TOTAL This Period (last page this line number o | nly) | |

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

38

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 04 2012 City Zip Code State Transaction ID: E23E6B7B017B38CB7C6 DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 06 15 2012 City Zip Code State Transaction ID: BDE6C31952393C7315F DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 29 2012 City State Zip Code Transaction ID: 2012070595244-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing -41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 OF Use for Deta

| | 1 0 | LLIIVE | 140 | IVIDEI | 17101 | - | • | 0. | | 00 |
|---|------|---------|-----|--------|-------|---|----|----|---|----|
| e separate schedule(s) | (che | ck only | or | ıe) | | | | | | |
| each category of the ailed Summary Page | X | 11a | | 11b | 11c | | 12 | | | |
| | | 13 | | 14 | 15 | | 16 | | | 17 |
| | | - | | | | | _ | | _ | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Ave N | Date of Receipt | | | | |
|--|---|---|--|--|--|
| South Building, Suite 50 | 06 13 2012 | | | | |
| City | State Zip Code | Transaction ID: 3A211BC5C2D7A134 | | | |
| Washington | DC 20004-2601 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 500.00 | | | |
| Name of Employer | Occupation | 1 | | | |
| America's Health Insurance Plans | Executive Director Product Policy | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | 500.00 | | | | |
| Full Name (Last, First, Middle Initial) Yvonne Chanatry | ı | Date of Receipt | | | |
| Mailing Address 601 Pennsylvania Avenu | M = M / D = D / Y = Y = Y | | | | |
| Suite 500, South Buildin | | 06 15 2012 | | | |
| City Washington | State Zip Code DC 20004 | Transaction ID : 20120614101058-7 | | | |
| | 20004 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 104.17 | | | |
| Name of Employer | A | | | | |
| America's Health Insurance Plans | Vice President, Marketing and Graphics | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | 1250.04 | | | | |
| Full Name (Last, First, Middle Initial) Yvonne Chanatry | | Date of Receipt | | | |
| Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir | ng | 06 29 2012 | | | |
| City Washington | State Zip Code DC 20004 | Transaction ID: 2012070595244-7 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 104.17 | | | |
| Name of Employer | Occupation | 1 | | | |
| America's Health Insurance Plans | , | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General | 4050.04 | | | | |
| Other (specify) ▼ | 1250.04 | | | | |

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF

| | | | Use separate schedule(s) | (ch | (check only one) | | | | | | | |
|--|--|--------------------------|---|-----|--|------|--------------------------|-------|-----|------|--------|----|
| Ш | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | K 11a | | 11b | | 11c | | 12 | _ |
| | | | | | 13 | | 14 | | 15 | | 16 | 17 |
| | y information copied from such Reports and St for commercial purposes, other than using the | | | | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Rebecca Cole | | | | | | ceipt | | | | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | 06 15 2012 | | | | | | | | | |
| | City Washington | State DC | Zip Code 20004 | | | | on ID | : 201 | | 4101 | 1058-9 | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | Ξ | 7 | | 31. | 25 |
| | Name of Employer | Occupation | | | | | | | | | | |
| | America's Health Insurance Plans | Public Affair | s Manager | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 380.00 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Rebecca Cole | | | | Date o | f Re | ceipt | | | | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | | | | | 29 | D / | / Y | 20° | 12 | Y |
| | City Washington | State DC | Zip Code 20004 | | Transaction ID : 2012070595244-9 Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | | 31.2 | 25 |
| | Name of Employer America's Health Insurance Plans | Occupation Public Affair | s Manager | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 380.00 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Gregory Dean | | | | Date o | f Re | ceipt | | | | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | <i>'</i> . | | | M M M | | 15 | | / Y | 20 | 12 | Y |
| | City Washington | State DC | Zip Code 20004 | | Trans Amoun | | i on ID Each F | | | | | 2 |
| FEC ID number of contributing federal political committee. | | | | | | | , | _ | 7 | | 62. | 50 |
| | Name of Employer | Occupation | | | | | | | | | | |
| | America's Health Insurance Plans | Executive D | irector Insurance Education | | | | | | | | | |
| | Receipt For: Primary General Other (consist) | Aggregate | Year-to-Date ▼ 750.00 | | | | | | | | | |
| | Other (specify) ▼ | | 730.00 | | | | | | | | | |

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

125.00

FOR LINE NUMBER: PAGE 10 OF 38 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 2012070595244-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 15 2012 City State Zip Code Transaction ID: 20120614101058-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 29 2012 City State Zip Code Transaction ID: 2012070595244-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 145.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 38 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120614101058-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans EVP, Policy and Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 29 2012 City State Zip Code Transaction ID: 2012070595244-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans EVP, Policy and Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.96 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2012 Suite 500, South Building City State Zip Code Transaction ID: 20120614101058-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 447.91 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF 38 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 2012070595244-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 15 2012 City State Zip Code Transaction ID: 20120614101058-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, State Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 29 2012 City State Zip Code Transaction ID: 2012070595244-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, State Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 114.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

| | FOF | R LINE | NU | MBER | : | PAGE | • | 13 OI | F | 38 |
|--|------|---------|----|------|---|------|---|-------|---|-----|
| Use separate schedule(s) | (che | ck only | or | ne) | | | | | | |
| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 717 |

| | Statements may not be sold or used by any persone name and address of any political committee to | | | | | | |
|--|--|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Americas Health Insurance Pla | ans PAC (AHIP PAC) | | | | | | |
| Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Avenue N | | | | | | | |
| Suite 500, South Building | ••• | 06 15 2012 | | | | | |
| City | State Zip Code | Transaction ID : 20120614101058-18 | | | | | |
| Washington | DC 20004 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 27.08 | | | | | |
| Name of Employer | Occupation | | | | | | |
| America's Health Insurance Plans | Regional Director | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | | |
| Primary General Other (specify) ▼ | 324.96 | | | | | | |
| Full Name (Last, First, Middle Initial) Leanne Gassaway | | Date of Receipt | | | | | |
| Mailing Address 601 Pennsylvania Avenue N | M M / D D / Y Y Y Y | | | | | | |
| Suite 500, South Building | | 06 29 2012 | | | | | |
| City | State Zip Code | Transaction ID: 2012070595244-18 | | | | | |
| Washington | DC 20004 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 27.08 | | | | | |
| Name of Employer | Occupation | | | | | | |
| America's Health Insurance Plans | Regional Director | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | | |
| Primary General Other (specify) ▼ | 324.96 | | | | | | |
| Full Name (Last, First, Middle Initial) C. Joni Hong | | Date of Receipt | | | | | |
| Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building | | 06 15 / Y = Y = Y = Y | | | | | |
| City Washington | State Zip Code DC 20004 | Transaction ID : 20120614101058-21 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 31.25 | | | | | |
| Name of Employer | Occupation | | | | | | |
| America's Health Insurance Plans | | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | | |
| Primary General | . 1997 09410 1041 10 Dato 4 | | | | | | |
| Other (specify) ▼ | 375.00 | | | | | | |
| SUBTOTAL of Receipts This Page (optional) | • | 85.41 | | | | | |
| TOTAL This Period (last page this line numbe | r only) | | | | | | |

FOR LINE NUMBER: PAGE 14 OF 38 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 2012070595244-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 15 2012 City State Zip Code Transaction ID: 20120614101058-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 06 29 2012 Suite 500, South Building City State Zip Code Transaction ID: 2012070595244-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 114.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 38 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Erik Komendant Date of Receipt Mailing Address 440 L St NW # 712 08 2012 City Zip Code State Transaction ID: 372ECE2498309211C14 DC Washington 20001-2579 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Erik Komendant Date of Receipt Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building 06 15 2012 City Zip Code State Transaction ID: 0B6E69024EF66C7BBFA DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Erik Komendant Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 29 2012 City State Zip Code Transaction ID: 2012070595244-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing -41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 16 OF 38 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120614101058-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Clinical Affair Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 29 2012 City State Zip Code Transaction ID: 2012070595244-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Clinical Affair Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) Jeff Lemieux Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2012 City State Zip Code Transaction ID: 20120614101058-26 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Svp, Center for Health Policy & Resear Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 208.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

38

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeff Lemieux Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 2012070595244-26 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Svp, Center for Health Policy & Resear Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 15 2012 City State Zip Code Transaction ID: 20120614101058-27 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.84 Other (specify) Full Name (Last, First, Middle Initial) c. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 06 29 2012 Suite 500, South Building City State Zip Code Transaction ID: 2012070595244-27 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.84 Other (specify) 291.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 18 OF

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | (cneck only one) X 11a |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any pene name and address of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | ans PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Program Manager Aggregate Year-to-Date 249.96 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Program Manager Aggregate Year-to-Date 249.96 | Date of Receipt 06 29 2012 Transaction ID: 2012070595244-28 Amount of Each Receipt this Period 20.83 |
| Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Director of Human Resources Aggregate Year-to-Date 240.00 | Date of Receipt 06 15 2012 Transaction ID: 20120614101058-30 Amount of Each Receipt this Period 20.00 |
| SUBTOTAL of Receipts This Page (optional) | | 61.66 |
| TOTAL This Period (last page this line number | r only) | |

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

38

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Debi Manning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 2012070595244-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director of Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 15 2012 City State Zip Code Transaction ID: 20120614101058-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 29 2012 City State Zip Code Transaction ID: 2012070595244-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

| | | LINE | | | : | PAGE | . 2 | 20 | OF | 38 |
|---|---|---------|----|-----|---|------|-----|----|----|----|
| Use separate schedule(s) for each category of the | ` | ck only | or | ie) | | _ | | | | |
| Detailed Summary Page | × | 11a | | 11b | | 11c | | 12 | | |
| ., ., | | 13 | | 14 | | 15 | | 16 | ſ | 17 |

| | the name and address of any political committee the name PAC (AHIP PAC) | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | N.W. State Zip Code DC 20004 C Occupation General Counsel Aggregate Year-to-Date ▼ | Date of Receipt 06 15 2012 Transaction ID: 20120614101058-34 Amount of Each Receipt this Period 104.17 |
| Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | N.W. State Zip Code DC 20004 C Occupation General Counsel Aggregate Year-to-Date ▼ 1250.04 | Date of Receipt 06 29 2012 Transaction ID: 2012070595244-34 Amount of Each Receipt this Period |
| Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | N.W. State Zip Code DC 20004 C Occupation Senior Associate Counsel Aggregate Year-to-Date ▼ 500.04 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 250.01 |
| TOTAL This Period (last page this line numb | per only) | |

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 21 OF Use separate schedule(s) (check only one)

| T | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a |
|-------------------|---|-------------------------------------|--|---|
| | ly information copied from such Reports and State for commercial purposes, other than using the | | | |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | s PAC (/ | AHIP PAC) | |
| Δ. | Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State DC C Occupation Senior Asso | Zip Code 20004 cociate Counsel Year-to-Date ▼ | Date of Receipt M M / 29 2012 Transaction ID: 2012070595244-35 Amount of Each Receipt this Period 41.67 |
| 3. | Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State DC C Occupation Director Pro | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| C . | Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State DC C Occupation Director Pro | Zip Code 20004 Deduct Policy Year-to-Date ▼ | Date of Receipt M M M / 29 2012 Transaction ID: 2012070595244-37 Amount of Each Receipt this Period 20.83 |
| S | SUBTOTAL of Receipts This Page (optional) | | | 83.33 |
| Т | OTAL This Period (last page this line number o | nly) | | |

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 22 OF

| TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | (check only | y one) 11b 14 | 11c | 12 16 | 17 |
|---|-------------------------------------|---|--------------|---------------------------------------|------------|--------------|-----|
| Any information copied from such Reports and or for commercial purposes, other than using t | | | rson for the | purpose of | soliciting | contribution | ons |
| NAME OF COMMITTEE (In Full) Americas Health Insurance Plants | ans PAC (A | AHIP PAC) | | | | | |
| Full Name (Last, First, Middle Initial) David Oliker Mailing Address 625 State St PO Box 2207 City Schenectady FEC ID number of contributing federal political committee. Name of Employer Mvp Health Care | State NY C Occupation President ar | | 06 Trans | Receipt 14 action ID: 6 of Each Re | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 | | | | | |
| Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Machineter | N.W. State DC | Zip Code | 06 Transa | Receipt / D D D 15 action ID : 2 | | | 8 |
| Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | Occupation Vice Preside | ent Product Policy Year-to-Date ▼ 1250.04 | Amount | of Each Re | eceipt thi | 104.1 | 17 |
| Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State DC C Occupation Vice Preside | Zip Code 20004 ent Product Policy Year-to-Date ▼ | 06 Trans | Receipt / 29 action ID: | | | |
| SUBTOTAL of Receipts This Page (optional). | | > | | - | 7 | 2208.3 | 34 |
| TOTAL This Period (last page this line number | er only) | ····· | | | 7 | | |

| | FOF | R LINE | NU | IMBER | : | PAGE | 2 | 23 OI | F | 38 |
|--|------|---------|----|-------|---|------|---|-------|---|----|
| Use separate schedule(s) | (che | ck only | or | ne) | | | | | | |
| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 11 |

| | Statements may not be sold or used by any persone name and address of any political committee to | |
|---|---|---|
| NAME OF COMMITTEE (In Full) Americas Health Insurance Pla | ans PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington | .W. State Zip Code DC 20004 | Date of Receipt M |
| FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: □ Primary □ General □ Other (specify) ▼ | Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 1585.24 | 134.39 |
| Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General | W. State Zip Code DC 20004 C Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ | Date of Receipt 06 29 2012 Transaction ID: 2012070595244-39 Amount of Each Receipt this Period 134.39 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building | .W. | Date of Receipt 06 15 2012 |
| City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Director Aggregate Year-to-Date ▼ | Transaction ID : 20120614101058-40 Amount of Each Receipt this Period 83.33 |
| SUBTOTAL of Receipts This Page (optional) | | 352.11 |
| TOTAL This Period (last page this line numbe | r only) | |

FOR LINE NUMBER: PAGE 24 OF 38 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 2012070595244-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 15 2012 City State Zip Code Transaction ID: 20120614101058-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans SVP, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1833.36 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 29 2012 City State Zip Code Transaction ID: 2012070595244-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation SVP, State Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1833.36 Other (specify) 333.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 25 OF 38 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120614101058-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Vice President, Membership America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) B. Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 29 2012 City State Zip Code Transaction ID: 2012070595244-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) c. Eric Schultz Date of Receipt Mailing Address 93 Worcester St 14 2012 3W City State Zip Code Transaction ID: 550A5AFB1B8D1DA7129 MA Wellesley Hills 02481-3609 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Name of Employer Occupation President & CEO Harvard Pilgrim Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 2041.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 26 OF 38 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120614101058-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 29 2012 City State Zip Code Transaction ID: 2012070595244-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2012 Suite 500, South Building City State Zip Code Transaction ID: 20120614101058-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.04 Other (specify) 187.51 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 27 OF 38 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 2012070595244-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Executive V.P. America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.04 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 15 2012 City State Zip Code Transaction ID: 20120614101058-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 29 2012 City State Zip Code Transaction ID: 2012070595244-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 999 96 Other (specify) 270.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 28 OF 38 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2012 City Zip Code State Transaction ID: 20120614101058-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Press Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.04 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 29 2012 City State Zip Code Transaction ID: 2012070595244-52 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.04 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 208.34 SUBTOTAL of Receipts This Page (optional)..... 10423.81 TOTAL This Period (last page this line number only).....

| 11114 | age# 1237 1037 333 | | | | | | | | |
|----------|--|--------------|---|-----------|---------|------------|---------------|-------------|------|
| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the | | OR LINE | NUMBE | | E 29 OF | 38 |
| • | LIMILLE REGENTS | | Detailed Summary Page | | 11a | 11b | X 11c | 12 | |
| Δr | y information copied from such Reports and S | tatemente ma | y not be sold or used by any n | orsor | 13 | 14 | of soliciting | 16 | 17 |
| | for commercial purposes, other than using the | | | | | | | | |
| | NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | ns PAC (/ | AHIP PAC) | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mvp Health Care Inc Federal PAC | | | | Date of | of Receipt | | | |
| | Mailing Address 625 State Street | | | | M = N | | D / Y | 2012 | Y |
| | City | State | Zip Code | | | |) : 5573133 | | 585A |
| | Schenectady | NY | 12305 | | Amour | nt of Each | Receipt th | is Period | |
| | FEC ID number of contributing federal political committee. | C co | 0431429 | | | | | 5000.0 | 00 |
| | Name of Employer | Occupation | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | \exists | | | | | |
| | Primary General | 00 0 | | ıl | | | | | |
| | Other (specify) \blacktriangledown | | 5000.00 | Ш | | | | | |
| В. | Full Name (Last, First, Middle Initial) | | | | Date of | of Receipt | | | |
| | Mailing Address | | | | M = N | / D | D / Y | - Y - Y - Y | ď |
| | City | State | Zip Code | | Amour | nt of Each | Receipt th | is Period | |
| | FEC ID number of contributing | С | | | _ | | • | | |
| | federal political committee. | O . | | | | 7 | , | | |
| | Name of Employer | Occupation | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| | Primary General | 00 0 | | 1 | | | | | |
| | Other (specify) ▼ | | | 4 | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | Date o | of Receipt | | | |
| Ο. | Mailing Address | | | \exists | M = N | | | - Y - Y - Y | Y |
| | | | | | | ┚┖ | _ L | | |
| | City | State | Zip Code | | A | | D int. at | to Dodad | |
| | FFO ID number of contribution | | | \dashv | Amour | ıı oı ⊨ach | Receipt th | iis Period | |
| | FEC ID number of contributing federal political committee. | С | | | L. | , | | | |
| | Name of Employer | Occupation | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | \dashv | | | | | |
| | Primary General | Aggregale | Tour to Date ¥ | 1 | | | | | |
| | Other (specify) ▼ | | 7 | | | | | | |
| | | | | | | | | | |

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

5000.00

| S | CHEDULE B (FEC Form 3X) | l | | FOR LINE | NE NUMBER: PAGE 30 OF 38 | | | | | | |
|------------|---|------------|-----------------------------------|-------------|--------------------------|-----------|-----------|----------|--------|--|--|
| IT | EMIZED DISBURSEMENTS | | arate schedule(s) category of the | (check only | (check only one) | | | | | | |
| | | | Summary Page | X 21b | 22 | 23 | 24 | 25 | 26 | | |
| _ | | | | 27 | 28a | 28b | 28c | 29 | 30b | | |
| | ny information copied from such Reports and Staten for commercial purposes, other than using the nam | | | | | | | | | | |
| 7 | NAME OF COMMITTEE (In Full) | | . coo or any pomie | | | | | | | | |
| $ \rangle$ | Americas Health Insurance Plans F | PAC (AF | HIP PAC) | | | | | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| Α. | Citibank | | | | Date of | Disburse | ement | | | | |
| | | | | | M = M | / D | | YY | Υ | | |
| | Mailing Address 1101 Pennsylvania Ave, NW 11th Floor | | | | 06 | O |)1 | 2012 | | | |
| | | State | Zip Code | | _ | | | | | | |
| | Washington | DC | 20004 | | Trans | action ID | : 459ADFE | 9AA15F | 1C6069 | | |
| | Purpose of Disbursement Merchant Service Fees | | | 1 | | | | | | | |
| | | | | 001 | Amoun | t of Each | Disbursem | ent this | Period | | |
| | Candidate Name | | | Category/ | | | | 3 | 1.74 | | |
| | Office Sought: House Disbursen | nent For: | | Туре | | , | - 1 | | | | |
| | | Primary | General | | | | | | | | |
| | President | Other (spe | cify) 🔻 | | | | | | | | |
| _ | State: District: | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| В. | Citibank | | | | | Disburse | | | | | |
| | Mailing Address 1101 Pennsylvania Ave, NW | | | | 06 | / D |)5 | 2012 | Y | | |
| | 11th Floor | | | | 45 | | | | _ | | |
| | - | State | Zip Code | | Trans | action ID | : F20998C | 2003F7I | F3FCEC | | |
| | Washington Purpose of Disbursement | DC | 20004 | | | | | | | | |
| | Merchant Bankcard Fees | | | 001 | Amoun | t of Each | Disbursem | ent this | Period | | |
| | Candidate Name | | | Category/ | - | - | | | | | |
| | | | | Type | | -, | | 2 | 9.30 | | |
| | Office Sought: House Disbursen | | | | | | | | | | |
| | | Primary | General | | | | | | | | |
| | President State: District: | Other (spe | CITY) \blacktriangledown | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| C. | Citibank | | | | Date of | Disburse | ement | | | | |
| | | | | | M M | / D | D / Y | YY | Υ | | |
| | Mailing Address 1101 Pennsylvania Ave, NW | | | | 06 | 1 | 1 | 2012 | | | |
| | 11th Floor City 5 | State | Zip Code | | | | | | | | |
| | | DC | 20004 | | Trans | action ID | : C48D1E4 | F7DF23 | CB65C5 | | |
| | Purpose of Disbursement | | | | | | | | | | |
| | Merchant Bankcard Fees | | | 001 | Amoun | t of Each | Disbursem | ent this | Period | | |
| | Candidate Name | | | Category/ | | | | 29 | 9.30 | | |
| | Office Sought: House Disbursen | nent For | | Туре | | - 7 | 7 | | | | |
| | Senate Dispulser | Primary | General | | | | | | | | |
| | President | Other (spe | | | | | | | | | |
| | State: District: | | • | | | | | | | | |
| Г | ' | | | | - | | | | | | |
| 5 | SUBTOTAL of Disbursements This Page (optional) | | | | | , | | 90 |).34 | | |
| Ι. | | | | | | | | | | | |
| 1 | 'OTAL This Period (last page this line number only) | | | | | , | | | | | |

S 17

| SCHEDULE B (FEC Form 3X) | | FOR LINE | NE NUMBER: PAGE 31 OF 38 | | | | | | |
|---|--|---------------|--------------------------|-------------|-----------|---------|-------|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s for each category of the |) (check only | one) | 7 os — | | 1 0= | | | |
| | Detailed Summary Page | X 21b | 22 | 23 | 24 | 25 | 26 | | |
| [| | 27 | 28a | 28b | 28c | 29 | 30b | | |
| Any information copied from such Reports and Stater or for commercial purposes, other than using the name | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | |
| Americas Health Insurance Plans I | PAC (AHIP PAC) | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | |
| A. Citibank | | | Date of D | | | V | V | | |
| Mailing Address 1101 Pennsylvania Ave, NW 11th Floor | | | 06 | 11 | |)12 | Y | | |
| , | State Zip Code | | Transac | tion ID : E | A99A2E21 | 5E31C | D6ECF | | |
| Washington Purpose of Disbursement | DC 20004 | Г | | | | | | | |
| Merchant Service Fees | | 001 | Amount of | Each Dis | bursement | this P | eriod | | |
| Candidate Name | | Category/ | | | | 31. | 74 | | |
| Office Sought: House Disburser | ment For: | Type | | , | 7 | | | | |
| Senate | Primary General | | | | | | | | |
| President | Other (specify) ▼ | | | | | | | | |
| State: District: | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | |
| B. Citibank | | | Date of D | | | | | | |
| Mailing Address 1101 Pennsylvania Ave, NW | | | 06 | 15 | | 012 | Y | | |
| 11th Floor | | | 00 | 10 | 20 | J12 | | | |
| , | State Zip Code | | Transac | tion ID : 7 | 924229000 | ABBF | B1AEC | | |
| Washington Purpose of Disbursement | DC 20004 | | | | | | | | |
| Merchant Bankcard Fees | | 001 | Amount of | Each Dis | bursement | this P | eriod | | |
| Candidate Name | | Category/ | | 1100 | | | | | |
| | | Type | | 7 | 14. | 80 | | | |
| Office Sought: House Disburser | | | | | | | | | |
| Senate President | Primary General Other (specify) ▼ | | | | | | | | |
| State: District: | Other (specify) | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | |
| C. | | | Date of D | isburseme | nt | | | | |
| | | | M = M / | D D | / Y Y | Υ | Y | | |
| Mailing Address | | | | | | | _ | | |
| City | State Zip Code | | | | | | | | |
| Purpose of Disbursement | | | | | | | | | |
| . , , , , , , , , , , , , , , , , , , , | | | Amount of | Fach Die | bursement | this P | eriod | | |
| Candidate Name | | Category/ | 7 tillount of | Edon Bio | barsoment | tillo i | Ciloa | | |
| | | Type | | 7 | 7 | | | | |
| Office Sought: House Disburser | | | | | | | | | |
| Senate President | Primary General Other (specify) ▼ | | | | | | | | |
| State: District: | oulei (specify) ▼ | | | | | | | | |
| | | | | | | - | _ | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | 40 | | 46. | 54 | | |
| , | | | | | | 400 | 20 | | |
| TOTAL This Period (last page this line number only) | | | | | | 136.8 | 38 | | |

| SCHEDUL | .E B (FEC Form 3X) | | FOR LINE | E NUMBER: PAGE 32 OF 38 | | | | | | |
|--------------------------|---|--|--------------------|--|--|--|--|--|--|--|
| | DISBURSEMENTS | Use separate schedule(s | (check only | NONDELL. | | | | | | |
| | DIODONGLINLINIS | for each category of the Detailed Summary Page | 21h | 22 🗙 23 24 25 26 | | | | | | |
| | | Detailed Suffilliary Page | 27 | 28a 28b 28c 29 30b | | | | | | |
| | | | | on for the purpose of soliciting contributions | | | | | | |
| \vdash | | ne and address of any poli | tical committee to | solicit contributions from such committee. | | | | | | |
| I \ | COMMITTEE (In Full) | | | | | | | | | |
| / America | as Health Insurance Plans | PAC (AHIP PAC) | | | | | | | | |
| Full Name | (Last, First, Middle Initial) | | | | | | | | | |
| _ | shoo for Congress | | | Date of Disbursement | | | | | | |
| | | | | M M / D D / Y Y Y Y | | | | | | |
| Mailing Add | lress 555 Capitol Mall, Suite 1425 | | | 06 22 2012 | | | | | | |
| City | | State Zip Code | | | | | | | | |
| Sacramento | | CA 95814 | | Transaction ID: 96C3E2F515151B4DFEE | | | | | | |
| | Disbursement | | | | | | | | | |
| 2012 Gene | | | 011 | Amount of Each Disbursement this Period | | | | | | |
| Candidate N | | | Category/ | 1000.00 | | | | | | |
| Anna G | | ment For: 2012 | Туре | | | | | | | |
| Onice Soug | Senate | Primary General | | | | | | | | |
| | President | Other (specify) | | | | | | | | |
| State: CA | A District: 18 | | | | | | | | | |
| Full Name | (Last, First, Middle Initial) | | | | | | | | | |
| B. Bill Nels | son for U S Senate | | | Date of Disbursement | | | | | | |
| Mailina Aalal | | | | M M / D D / Y Y Y Y | | | | | | |
| Mailing Add | lress 972 W Whitmire Drive | | | 06 04 2012 | | | | | | |
| City | | State Zip Code | | Transaction ID : 44E407949D0074EC20D | | | | | | |
| Melbourne | | FL 32935 | | Transaction ID : 11E407848D0074FC29B | | | | | | |
| Purpose of 2012 Prima | Disbursement arv | | 044 | Amount of East District and this David | | | | | | |
| Candidate N | • | | 011 | Amount of Each Disbursement this Period | | | | | | |
| Bill Nels | | | Category/ Type | 2000.00 | | | | | | |
| Office Soug | | ment For: 2012 | .,,,,, | | | | | | | |
| | X Senate | Primary General | | | | | | | | |
| . | President | Other (specify) ▼ | | | | | | | | |
| State: FI | | | | | | | | | | |
| _ | (Last, First, Middle Initial) | | | Date of Disbursement | | | | | | |
| o. Brian Bi | ilbray for Congress | | | | | | | | | |
| Mailing Add | lress 970 Seacoast Drive | | | 06 14 2012 | | | | | | |
| | # 7 | | | | | | | | | |
| City | l- | State Zip Code CA 91932 | | Transaction ID: 078310454F6C297DD3D | | | | | | |
| Imperial Bea | Disbursement | CA 91932 | | | | | | | | |
| 2012 Gene | | | 011 | Amount of Each Disbursement this Period | | | | | | |
| Candidate N | | | Category/ | | | | | | | |
| | . Bilbray | | Type | 1000.00 | | | | | | |
| Office Soug | | ment For: 2012 | | | | | | | | |
| | Senate President | Primary General | | | | | | | | |
| State: CA | | Other (specify) ▼ | | | | | | | | |
| | 52 | | | | | | | | | |
| SUBTOTAL of | of Disbursements This Page (optional). | | | 4000.00 | | | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | | | | | | |
| TOTAL This I | Period (last page this line number only |) | | 1 | | | | | | |

| S | CHEDULE B (FEC Form 3X) | | | FOR LIN | E NUMBER: PAGE 33 OF 38 | | | | | | | |
|-------------|---|----------------------|--------------------------------------|-------------------|---|---|------------|-----------|--------|--|--|--|
| IT | EMIZED DISBURSEMENTS | | parate schedule(s) n category of the | nly one) | | | | | | | | |
| | | | Summary Page | 21 | | X 23 | 24 | 25 29 | 26 | | | |
| _ | | | | 27 | | 28b | 28c | | 30b | | | |
| | ly information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | Americas Health Insurance Plans F | PAC (A | HIP PAC) | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| Α. | Building Relationships in Diverse Geographic E | nvironme | nts PAC (BRIDGE | PAC) | Date o | f Disburser | nent | | | | | |
| | Mailing Address 499 South Capitol St SW Suite 422 | | | | 06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | |
| | City | State | Zip Code | | | | | | | | | |
| | Washington | DC | 20003 | | Transaction ID : 72CDB17208AB4730 | | | | | | | |
| | Purpose of Disbursement 2012 Contribution | | | 011 | Amoun | t of Each [| Disburseme | nt this I | Period | | | |
| | Candidate Name Building Relationships in Diverse Geographic Environment | s PAC (BR | IDGE PAC) | Category/ Type | ΊГ. | | | 2500 | 0.00 | | | |
| | Office Sought: House Disbursen | nent For: | 2012 | .,,,,, | | , | , | | | | | |
| | Senate | Primary | General | | | | | | | | | |
| | | Other (sp | | | | | | | | | | |
| _ | State: District: | | Contribution | | | | | | | | | |
| D | Full Name (Last, First, Middle Initial) | _ | ··· (OANDA | 0) | Data a | f Diahamaan | | | | | | |
| В. | | Comm | ittee (CAMPA | C) | | Date of Disbursement | | | | | | |
| | Mailing Address 5915 Eastman Avenue Suite 100 | | | | 06 | 14 | <u> </u> | 2012 | | | | |
| | Midland | State MI | Zip Code 48640 | | Trans | Transaction ID: 6DA5ECBB3882439A40 | | | | | | |
| | Purpose of Disbursement 2012 Contribution | | | 011 | Amoun | t of Each [| Disburseme | nt this I | Period | | | |
| | Candidate Name | | 244546 | Category/ | 2500.0 | | | | | | | |
| | Continuing a Majority Party Action Comm | • | , I | Туре | _ | 7 | - 7 | 2000 | 5.00 | | | |
| | Office Sought: House Disbursem | | | | | | | | | | | |
| | | Primary Other (sp | General | | | | | | | | | |
| | State: District: | Other (op | Contribution | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| C. | Doc PAC | | | | Date o | f Disburser | ment | | | | | |
| | | | | | M = M | / D | | YY | Υ | | | |
| | Mailing Address 2470 Daniell's Bridge Rd Ste 121 | | | | 06 | 14 | | 2012 | | | | |
| | | State GA | Zip Code 30606 | | Trans | saction ID | : 334B62EF | 150C2 | A7B994 | | | |
| | Purpose of Disbursement 2012 Contribution | | | | ╗ | | | | | | | |
| | Candidate Name | | | 011 | Amoun | t of Each [| Disburseme | nt this I | Period | | | |
| | Doc PAC | | | Category/ | | | | 2000 | 0.00 | | | |
| | Office Sought: House Disbursen | nent For | 2012 | Туре | | 7 | - 7 | | | | | |
| | | Primary | General | | | | | | | | | |
| | | Other (sp | | | | | | | | | | |
| | State: District: | ` ' | Contribution | | | | | | | | | |
| | • | | | | | | | - | | | | |
| s | UBTOTAL of Disbursements This Page (optional) | | | ······ | | | | 7000 | .00 | | | |
| \vdash | | | | <u> </u> | | | | - | | | | |
| T | OTAL This Period (last page this line number only). | | | | . L. | | | | | | | |

| SCHEDULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 3 | | |
|--|---|-------------------------|---------------------|-----------------------|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only one) | | |
| | Detailed Summary Page | 21b | 22 🗙 23 | 24 25 26 |
| | | 27 | 28a 28b | 28c 29 30b |
| Any information copied from such Reports and State or for commercial purposes, other than using the national states of the state of the | | | | |
| NAME OF COMMITTEE (In Full) | | | | |
| Americas Health Insurance Plans | PAC (AHIP PAC) | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| A. Great Land PAC | | | Date of Disbursemen | nt |
| Mailing Address 700 13th Street, NW Suite 600 | | | 06 29 | 2012 |
| City | State Zip Code | | Transaction ID · B | F4B48CB3B1839D98F4 |
| Washington | DC 20005 | | Transaction is 1 S | |
| Purpose of Disbursement 2012 Contribution | | 011 | Amount of Each Dis | bursement this Period |
| Candidate Name | | Category/ | | 2500.00 |
| Great Land PAC | | Туре | | 2500.00 |
| Senate | ment For: 2012 Primary General | | | |
| President | Other (specify) ▼ Contribution | | | |
| State: District: | Contribution | | | |
| Full Name (Last, First, Middle Initial) B. Heller for Senate | | | Date of Disbursemer | nt |
| B. Heller for Seriate | | | | / Y Y Y Y |
| Mailing Address PO Box 371907 | | | 06 14 | 2012 |
| City Las Vegas | State Zip Code NV 89137 | | Transaction ID : 83 | 34A9A69F5083449D09 |
| Purpose of Disbursement 2012 General | | 011 | Amount of Each Dis | bursement this Period |
| Candidate Name | | Category/ | | 4500.00 |
| Dean Heller | | Type | | 1500.00 |
| Office Sought: House Senate President State: NV District: | ment For: 2012 Primary | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| C. John Sullivan for Congress, Inc | | | Date of Disbursemen | nt |
| Mailing Address Post Office Box 470840 | | | 06 / 14 | 2012 |
| City Tulsa | State Zip Code OK 74147 | | Transaction ID : 45 | 54BA9DF4456107127B |
| Purpose of Disbursement | | | | |
| 2012 Primary | | 011 | Amount of Each Dis | bursement this Period |
| Candidate Name | | Category/ | | 1000.00 |
| John A. Sullivan | | Туре | | 1000.00 |
| Office Sought: House Disburse | ment For: 2012 Primary General Other (specify) ▼ | | | |
| 5.1 2.5 01 | | | | |
| SUBTOTAL of Disbursements This Page (optional). | | ·····• | | 5000.00 |
| TOTAL This Period (last page this line number only |) | | | |

| SCHEDULE B (FEC Form 3X) | | | |
|--|--|-------------------------------------|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s for each category of the | (check only | one) |
| | Detailed Summary Page | 21b | 22 🗙 23 24 25 |
| Г | | 27 | 28a 28b 28c 29 |
| Any information copied from such Reports and Sta or for commercial purposes, other than using the r | itements may not be sold or uname and address of any polit | ised by any personical committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | and and address of any point | ioar committee te | Solidit Golfinsations from Saon Golffinities. |
| Americas Health Insurance Plans | PAC (AHIP PAC) | | |
| Americas riealti insurance riani | STAC (AIIII TAC) | | |
| Full Name (Last, First, Middle Initial) | | | |
| A. Majority Committee PACMc PA | .C | | Date of Disbursement |
| Mailing Address DO Do 10404 | | | M M / D D / Y Y Y Y |
| Mailing Address PO Box 10134 | | | 06 25 2012 |
| City | State Zip Code | | |
| Bakersfield | CA 93389 | | Transaction ID : 190E976EE5BDDE057 |
| Purpose of Disbursement | | | |
| 2012 Contribution | | 011 | Amount of Each Disbursement this Period |
| Candidate Name | 0 | Category/ | 2500.00 |
| Majority Committee PACMc PA Office Sought: House Disbur | | Туре | |
| Office Sought: House Disbur | sement For: 2012 Primary General | | |
| President | ✓ Other (specify) ▼ | | |
| State: District: | Contribution | n | |
| Full Name (Last, First, Middle Initial) | | | |
| B. Peters for Congress | | | Date of Disbursement |
| r cicis for congress | | | M M / D D / Y Y Y Y |
| Mailing Address PO Box 21535 | | | 06 22 2012 |
| - | | | |
| City Detroit | State Zip Code MI 48221 | | Transaction ID : 85FD32910C35958D39 |
| Purpose of Disbursement | 40221 | | |
| 2012 Primary | | 011 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | |
| Gary C. Peters | | Type | 1000.00 |
| | sement For: 2012 | | |
| | Primary General | | |
| President | Other (specify) ▼ | | |
| State: MI District: 14 | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursement |
| C. Ribble for Congress | | | M M / D D / Y Y Y Y |
| Mailing Address PO Box 7200 | | | 06 27 2012 |
| | | | |
| City | State Zip Code | | Transaction ID : C7B4A69CBA1E48BE |
| Appleton Purpose of Disbursement | WI 54912 | 1 | |
| 2012 Primary | | 011 | Associat of Fook Diskussons and this Davis |
| Candidate Name | | | Amount of Each Disbursement this Period |
| Reid Ribble | | Category/ Type | 500.00 |
| Office Sought: House Disbur | sement For: 2012 | 31 | |
| Senate | Y Primary General | | |
| President | Other (specify) ▼ | | |
| State: WI District: 08 | | | |
| | | | 4000.00 |
| SUBTOTAL of Disbursements This Page (optional | l) | ······ | 4000.00 |
| TOTAL This Period (last page this line number or | alv) | | |
| 1 - 2.7 This i choo (last page this line hamber of | J / | | |

| SCHEDULE B (FEC Form 3X) | | | | PAGE 36 OF 38 | |
|--|---|-------------------|---|--------------------------|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only one) | | | |
| | Detailed Summary Page | 21b 27 | 22 X 23 28b | 24 25 26 28c 29 30 | |
| Any information copied from such Reports and Statem | l nents may not be sold or use | | | | |
| or for commercial purposes, other than using the name | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | |
| Americas Health Insurance Plans F | PAC (AHIP PAC) | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| A. Richard Hanna for Congress Comm | nittee | | Date of Disbursen | | |
| Mailing Address PO Box 118 | | | 06 30 | | |
| , | State Zip Code | | Transaction ID : | AB41C9F14FD3F93445B | |
| Utica | NY 13503 | | Transaction is . | AB41001 141 B01 00440B | |
| Purpose of Disbursement Voided 12/15/2010 Disbursement | | 011 | Amount of Each D | Disbursement this Period | |
| Candidate Name | | Category/ | | -1500.00 | |
| Richard L. Hanna | | Туре | 7 | -1300.00 | |
| | nent For: 2010 Primary | | | | |
| | Other (specify) | | | | |
| State: NY District: 24 | Caron (opcony) | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| В. | | | Date of Disbursen | nent | |
| | | | M M / D I |) / Y I Y I Y I Y | |
| Mailing Address | | | | | |
| City | State Zip Code | | | | |
| Purpose of Disbursement | | | | | |
| | | | Amount of Each Disbursement this Period | | |
| Candidate Name | | Category/ Type | | | |
| Office Sought: House Disbursen | nent For: | | | | |
| | Primary General | | | | |
| | Other (specify) ▼ | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | | |
| C. | | | Date of Disbursen | nent | |
| Mailing Address | | | M M / D D / Y Y Y Y | | |
| City | State Zip Code | | | | |
| Purpose of Disbursement | | | | | |
| i dipose of bisbursement | | | Amount of Each [| Disbursement this Period | |
| Candidate Name Category/ Type | | | Amount of Lacif L | dispulsement this Period | |
| Office Sought: House Disbursen | nent For: | туре | 7 | 7 | |
| | Primary General | | | | |
| President | Other (specify) ▼ | | | | |
| State: District: | | | | | |
| | | | | -1500.00 | |
| SUBTOTAL of Disbursements This Page (optional) | | ·····• | | -1300.00 | |
| TOTAL This Period (last page this line number only) | | | | 18500.00 | |
| (0 = | ******* | | | | |

17

| SCHEDULE B (FEC Form 3X) | 11 | FOR LINE NUMBER: PAGE 3 | | |
|---|---|-------------------------|--------------------|--------------------------|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s for each category of the | (oricon oring | | |
| | Detailed Summary Page | | 22 23 28b | 24 25 26 28c X 29 30b |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | |
| NAME OF COMMITTEE (In Full) | | | | |
| Americas Health Insurance Plans F | PAC (AHIP PAC) | | | |
| Full Name (Last, First, Middle Initial) | | | 5 . (5) | |
| A. Citizens for Buehrer | | | Date of Disburseme | _ |
| Mailing Address 704 Greenview Drive | | | 06 30 | 2012 |
| • | State Zip Code | | Transaction ID : I | D976FEA0D900E620EE8 |
| Delta Purpose of Disbursement | OH 43515 | | Transaction ib . I | 53701 EA0D300E020EE0 |
| Voided 8/10/2010 Contribution | | 011 | Amount of Each Di | sbursement this Period |
| Candidate Name | | Category/ | | -250.00 |
| Office Sought: House Disbursen | nent For: | Туре | | |
| | Primary General | | | |
| | Other (specify) ▼ | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) B. Democratic Legislative Campaign (| ^ommittee | | Date of Disburseme | ent |
| B. Democratic Legislative Campaign Committee | | | M = M / D = D | / Y Y Y Y |
| Mailing Address The Arizona Democratic Party 2910 N. Central Ave. | | | 06 30 | 2012 |
| City S Phoenix | State Zip Code AZ 85022 | | Transaction ID : 9 | 9BE54ECEAEEC5D7DBE1 |
| Purpose of Disbursement | 7.2 00022 | | | |
| Voided 9/9/2010 Contribution | | 011 | Amount of Each Di | sbursement this Period |
| Candidate Name | | Category/ Type | | -250.00 |
| Office Sought: House Disbursen | nent For: | - 7 | , | , |
| | Primary General | | | |
| President State: District: | Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| C. Friends of Joe Schiavoni for State S | Senate | | Date of Disburseme | ent |
| Mailing Address 07 Westellander Diag | | | 06 30 | / Y Y Y Y Y Y Y 2012 |
| Mailing Address 87 Westchester Drive | | | 00 30 | 2012 |
| , | State Zip Code | | Transaction ID : ' | 170B2AB2DE0501B9854 |
| Youngstown Purpose of Disbursement | OH 44515 | T | | |
| Voided 8/10/2010 Contribution | | 011 | Amount of Each Di | sbursement this Period |
| Candidate Name | | Category/ | | -250.00 |
| Office Sought: House Disbursen | nont For: | Туре | | -230.00 |
| | Primary General | | | |
| | Other (specify) ▼ | | | |
| State: District: | | | | |
| | | | | -750.00 |
| SUBTOTAL of Disbursements This Page (optional) | | <u> </u> | | 7 55.50 |
| TOTAL This Period (last page this line number only). | | | | |

| SCHEDULE B (FEC Form 3X) | DULE B (FEC Form 3X) | | NUMBER: PAGE 38 OF 38 | |
|---|--|------------------|--|--|
| TEMIZED DISBURSEMENTS | Use separate schedule(s) | | | |
| LIMILLO DIODONOLINILINIO | for each category of the Detailed Summary Page | 21b | 22 23 24 25 26 | |
| | Detailed Sulfilliary Fage | 27 | 28a 28b 28c X 29 30k | |
| Any information copied from such Reports and State | | | | |
| or for commercial purposes, other than using the na | ne and address of any politi | cal committee to | solicit contributions from such committee. | |
| NAME OF COMMITTEE (In Full) | | | | |
| Americas Health Insurance Plans | PAC (AHIP PAC) | | | |
| | | - | | |
| Full Name (Last, First, Middle Initial) | \\. | | Date of Disbursement | |
| Greg Stumbo for Representative C | ,ampaign | | | |
| Mailing Address Box 1473 | | | 06 30 2012 | |
| 108 Kassidy Drive | | | | |
| City | State Zip Code | | Transaction ID : DFECA3A91A0D671952F | |
| Prestonsburg | KY 41653 | | Transaction ID : DFECA3A9TA0D671932F | |
| Purpose of Disbursement Voided 10/22/2010 Contribution | | 044 | | |
| Candidate Name | | 011 | Amount of Each Disbursement this Period | |
| Candidate Ivallie | | Category/ | -300.00 | |
| Office Sought: House Disburse | ment For: | Type | | |
| Senate | Primary General | | | |
| President | Other (specify) ▼ | | | |
| State: District: | · | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| 3. | | | Date of Disbursement | |
| | | | M = M / D = D / Y = Y = Y | |
| Mailing Address | | | | |
| City | State Zip Code | | | |
| Oity | State Zip Gode | | | |
| Purpose of Disbursement | | | | |
| | | 1 [] | Amount of Each Disbursement this Period | |
| Candidate Name | | Category/ | | |
| 0" | . = | Type | | |
| | ment For: | | | |
| Senate President | Primary General Other (specify) ▼ | | | |
| State: District: | Office (Specify) | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| | | | Date of Disbursement | |
| | | | M M / D D / Y Y Y Y | |
| Mailing Address | | | | |
| | | | | |
| City | State Zip Code | | | |
| Purpose of Disbursement | | | | |
| | | | Amount of Each Disbursement this Period | |
| Candidate Name Category/ | | | Amount of Each bisbursement this Feriod | |
| | | Type | | |
| Office Sought: House Disburse | ment For: | | | |
| Senate | Primary General | | | |
| President | Other (specify) ▼ | | | |
| State: District: | | | | |
| | | | -300.00 | |
| SUBTOTAL of Disbursements This Page (optional). | | ·····• | -300.00 | |
| TOTAL This Period (last page this line number only | \ | | -1050.00 | |